



# POST-TRAUMATIC STRESS DISORDER

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Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. It is a severe and ongoing emotional reaction to an extreme psychological trauma. Traumatic events that may trigger PTSD include childhood sexual or physical abuse, violent personal sexual or physical assaults in the adult (rape), a serious car accident, natural disasters such as a fire, tornado, hurricane, flood or earthquake, and military combat.

Most everyone has been through a stressful event in his or her life. When the event or series of events causes a lot of stress, it is called a traumatic event. Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect survivors, rescue workers, and the friends and relatives of victims who have been involved. They also may have an impact on people who have seen the event either firsthand or on television. A disaster or traumatic event can have far-reaching effects in several major areas of our lives, making the rebuilding of emotional lives extremely difficult. For instance, the terrorist attacks of 9/11 may have caused PTSD in some people who were involved, in people who saw the disaster, and in people who lost relatives and friends. Although a person's response to a traumatic event may vary, responses may include feelings of fear, grief and depression. Physical and behavioral responses include nausea, dizziness, and changes in appetite and sleep pattern as well as withdrawal from daily activities. Responses to trauma can last for weeks to months to years before people begin to feel normal again.

Symptoms of PTSD can be terrifying. They can disrupt one's life and make it hard to continue with daily activities. It may be hard just to get through the day. PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause great distress, or interfere with your work or home life, one probably has PTSD.

People with PTSD re-experience the event again and again in at least one of several ways. They may have frightening dreams and memories of the event, feel as though they are going through the experience again (flashbacks), or become very upset during anniversaries of the event. Lack of interest in normal activities with feelings of detachment and emotional "numbing" lead to a sense of having no future, feelings as though one doesn't care about anything, and avoidance of places, people, or objects that reminds one of the event. Irritability or sudden outbursts of anger, sleeping difficulties, difficulty concentrating, an exaggerated startle response, and excessive awareness (hypervigilance) prevail.

Treatment aims to reduce symptoms by encouraging one to recall the event, express one's feelings, and gain some sense of control over the experience. In some cases, expressing grief helps to complete the necessary mourning process. People with PTSD may need to be treated for depression, alcohol or substance abuse, or related medical conditions before addressing symptoms of PTSD. Behavioral therapy is used to treat avoidance symptoms. This can include being exposed to the object that triggers one's symptoms until you become used to it and no longer avoid it. Support groups, where people who have had similar experiences can share their feelings, are very helpful.

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Effective treatments for PTSD are available, and research is yielding new, improved therapies that can help most people with PTSD and other anxiety disorders lead productive, fulfilling lives. PTSD is commonly treated using a combination of psychotherapy (cognitive-behavioral therapy, group therapy, and exposure therapy) and medications. Medicines that act on the nervous system can help reduce anxiety and other symptoms of PTSD. Antidepressants, including selective serotonin reuptake inhibitors (SSRIs), can be effective in treating PTSD. Sedatives can help with sleep disturbance. Antianxiety medicines may be useful, but some types, such as benzodiazepines, can be addictive. Propranolol, a beta blocker which appears to inhibit the formation of traumatic memories by blocking adrenaline's effects on the amygdala, has been used in an attempt to reduce the impact of traumatic events. The best outcome, or prognosis, depends on how soon the symptoms develop after the trauma, and on how quickly one gets diagnosed and treated.

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